

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981

AFFIX LABEL HERE

Please print/type with elite type (12 characters per inch)

I. FACILITY EPA I.D. NUMBER

T/A C

F K S D 0 0 0 2 0 3 6 3 8 1
1 2 13 14 15

II. NAME OF FACILITY

O L I N W A T E R S E R V I C E S O L I N C O R P O R A T I O N
30 69

III. FACILITY MAILING ADDRESS

3 3 1 5 5 F I B E R G L A S S R D
15 16 45

Street or P.O. Box

4 K A N S A S C I T Y K S 6 6 1 1 5
15 16 41 42 47 51

City or Town

State Zip Code

IV. LOCATION OF FACILITY (if different than section III above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

V. FACILITY CONTACT

2 G L E N D J E N K I N S
15 16 45

Name (last and first)

VI. COST ESTIMATES FOR FACILITIES

9 1 3 - 6 2 1 - 6 4 4 0
46 55

Phone No. (area code & no.)

\$ 5 0 0 0
16 19 22

Cost Estimate for Facility Closure

\$
25 28 31

Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Glen D. Jenkins, Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

02/24/83

Date Signed



R00011094

RCRA Records Center